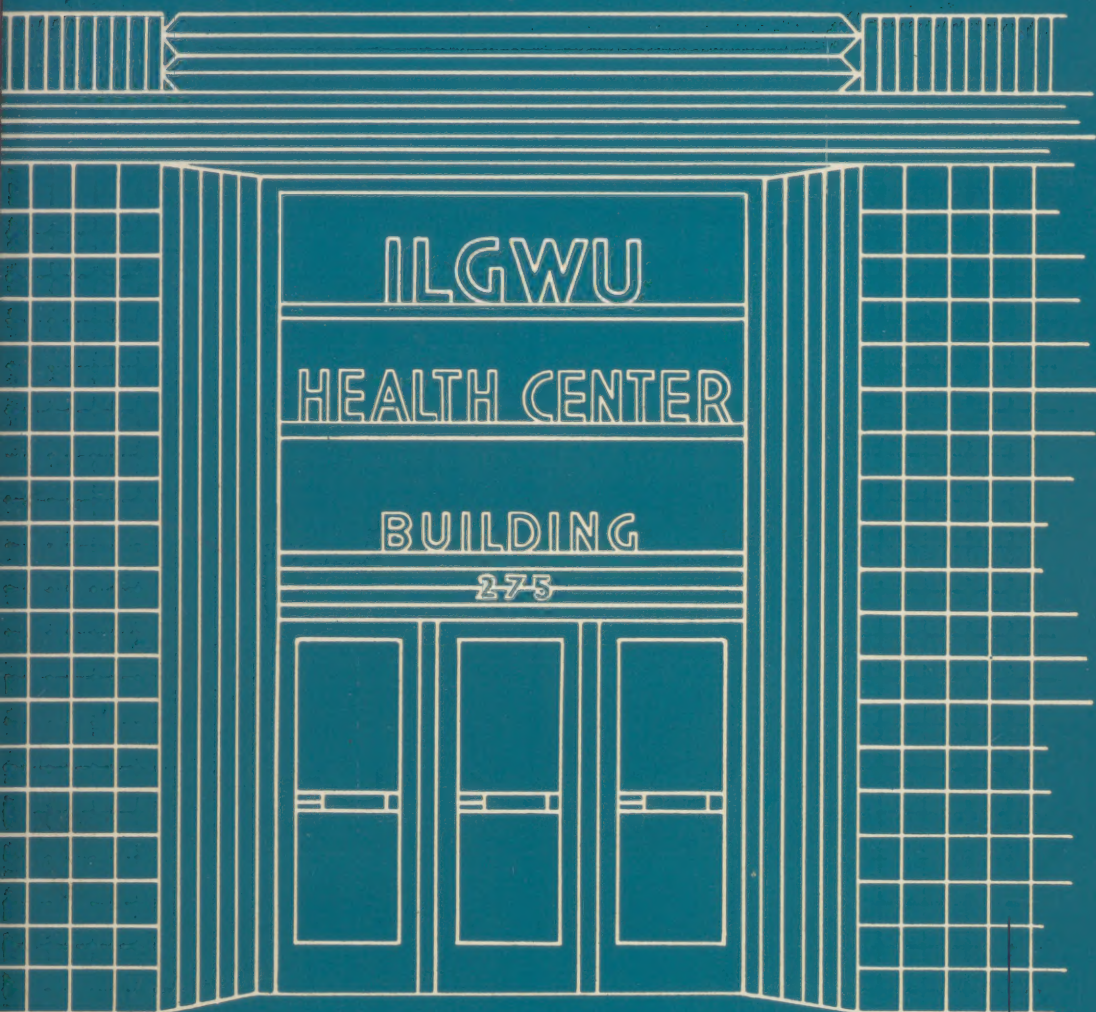


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Triennial
Report

1947

1949

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THE UNION HEALTH CENTER
• • • ORGANIZED 1913 • • •

*"To give the population of the
industry medical service of a
type and kind most needed, at
a time and place convenient to
the workers, and at a cost with-
in their means."*

GEORGE M. PRICE, M.D.

Founder and Director

1913 - 1942

Triennial Report

1947-1949

THE UNION HEALTH CENTER

275 Seventh Avenue, New York 1, N. Y.

INTERNATIONAL LADIES GARMENT WORKERS' UNION



The Union Health Center Committee

of the

INTERNATIONAL LADIES GARMENT WORKERS' UNION

DAVID DUBINSKY

President

JOSEPH BRESLAW

Chairman

FREDERICK F. UMHEY

Executive Secretary

LUIGI ANTONINI

HARRY GREENBERG

ISIDORE NAGLER

LOUIS STULBERG

HARRY WANDER

CHARLES S. ZIMMERMAN

JAMES LIPSIG

Assistant to Executive Secretary

ADOLPH HELD

Supervisor ILGWU Health and Welfare Funds

PAULINE M. NEWMAN

Educational Director



LEO PRICE, M.D.

Director

Chartered by the New York State Board of Welfare

FOREWORD

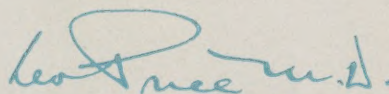
The growth of the Union Health Center during the years 1947-1948-1949 was tremendously speeded by the favorable post-war economic conditions prevailing in the ladies garment industry and by the health and welfare benefits secured through collective bargaining. These two factors permitted this long-established medical service unit to expand. With the completion of the expansion program in February 1949, the Center was more fully equipped to carry out its original policy of providing much-needed medical services to the 200,000 members of the International Ladies Garment Workers' Union in New York City.

The Union Health Center does not attempt to solve the total health problem for ILGWU members. It provides ambulatory medical care of the highest standard, emphasizing the services most important to the maintenance of the health of the workers. It provides this service for the most part without direct cost to the patient or at a cost the worker can afford and at a time that does not interfere with his working hours.

In expanding the amount of service rendered, every effort was made to continue the personalized basis of the medical work in spite of huge daily attendance. Emphasis was placed on early case-finding, effective follow-up, and the employment of supporting measures which help the workers in industry conserve their productive abilities.

With the approach of 1950, the return of economic difficulties in the industry brought a return of seasonal unemployment and job insecurity. The cost of illness that extends beyond the medical credit available to Center patients appeared as a serious problem. However, advances in social legislation, such as unemployment insurance and State off-the-job disability benefits, may neutralize some of the hardships common to the workers in the needle trades.

This Report touches only the highlights of the Center's accomplishments. Grateful acknowledgment is made of the assistance of Dr. Harold J. Isaacs and Mrs. Mary van Sante in its preparation.

A handwritten signature in blue ink, appearing to read "Leo P. ...", is written above the title "Director".

Director

PHYSICAL FACILITIES

The Center occupies five floors and the lobby of its own 27 story building located in mid-Manhattan at the edge of the garment district. It holds 55 modern examining rooms, including special suites of rooms used for multiple clinics in such services as Eye, Chest, Heart and Urology. It also includes a physical therapy department containing 22 cubicles fitted for electro-therapy, heliotherapy, and hydrotherapy, an x-ray department equal to that of a good sized hospital, a well-equipped laboratory, and a drugstore dispensing about 600 prescriptions daily. In addition it houses offices for staffs in accounting, statistics, social service, and medical stenography, a medical librarian, a medical records room for patients' charts, and a nutrition suite, containing a demonstration kitchen, classroom, and office.

A medical credit system furnishes the union members with prepaid medical service at the Center. As more and more new as well as old members became eligible for this credit, greater demand was placed upon the Center to furnish the service. To meet this increasing demand a program of expansion was started in March 1945. When construction was completed in December 1948, the Center was furnishing an average of 1,805 Services daily and occupied 100,000 square feet of space. In 1934 when it first occupied space at this location it rendered an average of 132 daily services and

occupied one-fifth the space. During 1949, as many as 2,700 services were rendered in a day, and long waits for specialty and diagnostic appointments were eliminated.

During the period of construction the medical work was necessarily being performed under serious handicaps. Yet despite the physical difficulties and the added administrative



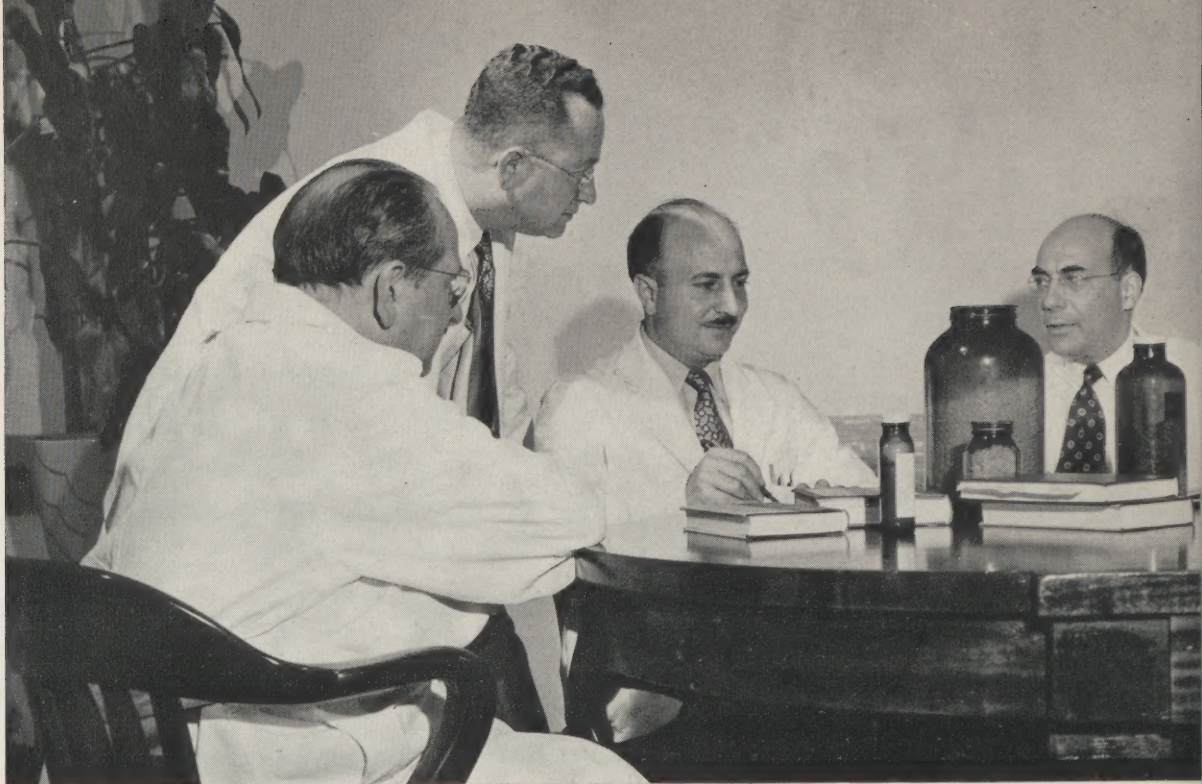
difficulties caused by the daily steady increase in attendance, the Center did not lose a single day of rendering medical service.

Seasonal fluctuation of work in the garment industry, which reappeared in 1949, affects the character of the demands being made upon the Center. During slack seasons patients come to the Center for medical service during the day, relieving the pressure for appointments during the evening, and on Saturdays.

During the busy seasons, however, most of the patients seek service between 5-7 p.m., in order not to lose working time. This periodically recurring shift in attendance creates continual problems for the medical administration of the institution, entailing as it does, constant rearrangement of time schedules for the 175 physicians who attend upon an hourly basis.

The goal of the Union Health Center is to provide those medical services which are possible in an ambulatory clinic, and that goal, as far as present day Medicine is concerned, has now been well realized. Further expansion in service must be very cautiously considered. The experience obtained in pre-paid group medical practice such as exists in the Center has shown that careful thought and deliberation must be given to the multitude of problems that arise in connection with the inauguration of any new medical service.





MEDICAL ORGANIZATION

The Center is administered by the Director, who is assisted by a Medical Council of eight physicians. This Council meets periodically to consult with and advise the Director concerning questions of medical policy which constantly arise in the functioning of the institution.

Responsibility for the operation of the Union Health Center is delegated to the Director by a Committee of union officials appointed by the President of the Union. Over-all policy is made at regular meetings of this Committee with the Director. In 1948 a Joint Conference Committee was inaugurated, composed of the Committee members and the Medical Council and meetings are held at stated intervals for discussion.

A Medical Board composed of the head of each medical service and three physicians elected by the members of the medical staff, meets bi-monthly to consider the more detailed questions of the medical procedures, such as establishing standards and developing criteria for recording medical findings, recommending changes in the Formulary, deciding the types of laboratory examinations to be performed, and advising upon other questions of immediate concern to both the patients and the physicians.

The office of Administrative Physician, a position peculiarly indigenous to the Union Health Center, was first created in 1945. Since its inauguration the duties of the Administrative Physicians have expanded so considerably that it is difficult to see how the Center could function without them.

The Administrative Physicians are on full time duty and are oriented to the needs of the patients as a whole. They are equipped to deal with individual problems requiring time-consuming and often continuing attention which the part time visiting physician is unable and unprepared to render.

For example, the full time physicians interpret laboratory or diagnostic reports to the patients when the staff physicians are unavailable; discuss the individual patient's problems with him or his family; correspond with hospitals, private physicians, social agencies and insurance companies concerning medical records of the patients of the Center; and renew prescriptions for patients when indicated.

They are able to decide the proper service to be given the patient, whether he should be referred to a general medical or specialty clinic, be hospitalized, sent to a convalescent home, or referred to Social Service for help with non-medical problems. They are available to render first aid care to emergency cases, dispose of cases of fracture, or make immediate medical policy decisions. They also replace the part time medical staff in case of absences, and they coordinate the work of the part time general physicians with that of the part time specialists.

Weekly meetings provide an opportunity for the full time physicians to exchange ideas on solving special problems encountered. Policies are continually reviewed in the light of actual clinical practice, thus maintaining a high degree of flexibility in the management of the Center.



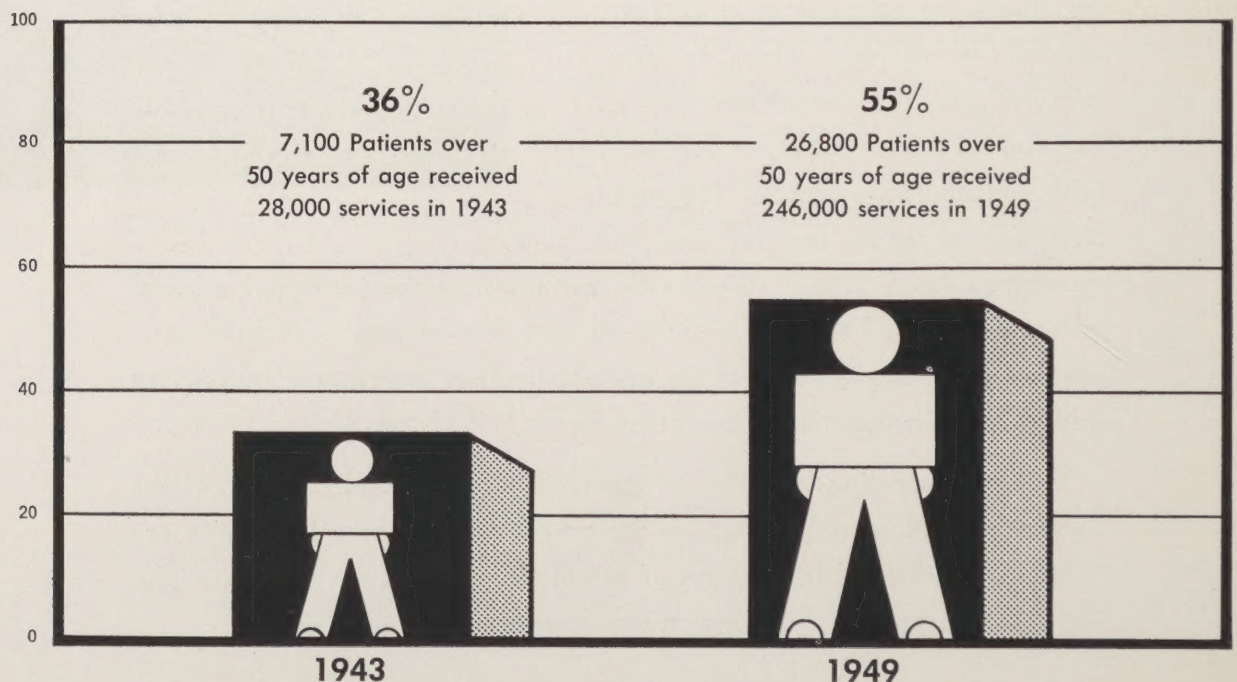
ATTENDANCE FOR MEDICAL SERVICE

The character of the medical services rendered at the Union Health Club is influenced by the character of the patient population it serves, namely the older age group. Although in some of the crafts 85% of the workers are women, other crafts are composed predominantly of older men, and still others employ young girls who take jobs in the industry for only a short time, so that the turnover is great.

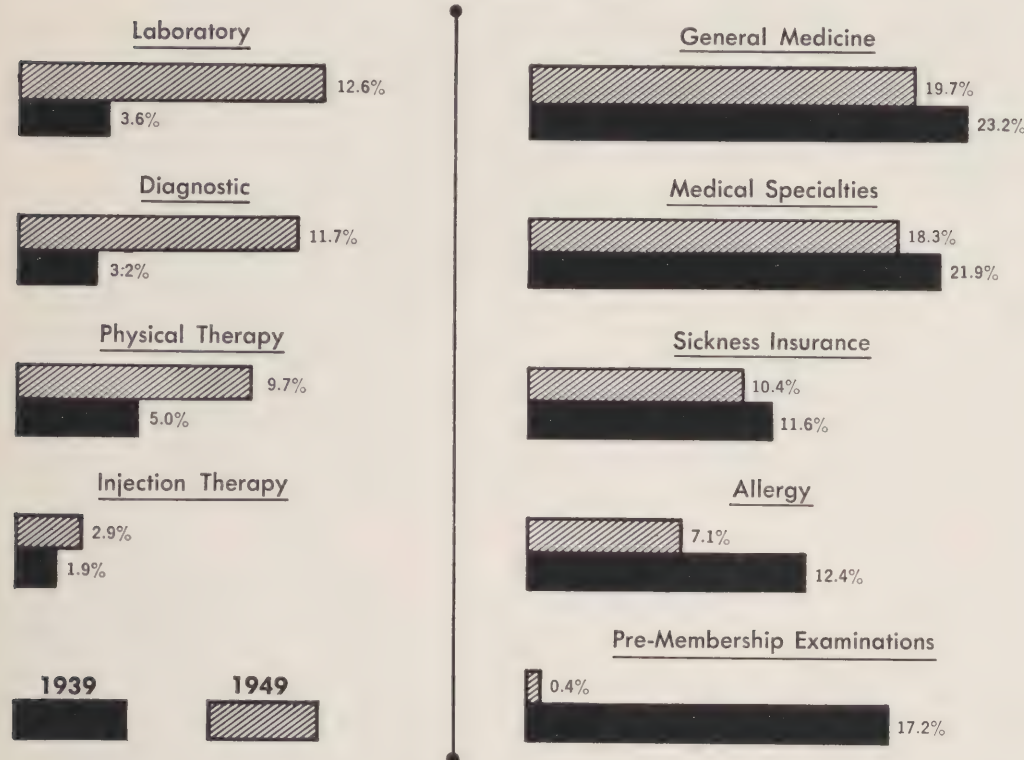
Many men have been working in this industry since the turn of the century. Since they are well acquainted with the union benefits they take full advantage of the Center's services. For that reason almost half the patients who come to the Center are older men, although the proportion of men to women workers in the entire industry is not as high.

Therefore services which are needed by older workers are exceedingly active. In the gynecological service menopausal conditions are frequently

PERCENT OF PATIENTS OVER 50 YEARS OF AGE



RELATIVE CHANGES IN CHARACTER OF MEDICAL SERVICE 1939 AND 1949



ADDITIONAL SERVICES DEVELOPED SINCE 1939

Peripheral Vascular
Polyp
Audiometry
Social Hygiene
Surgical Consultation
Physical Therapy Con-
sultation
Medical Interviews
Chest
Gynecological Con-
sultation
Miniature Chest X-ray
Minor Surgery
Nutrition
Social Service
Biopsies
Cardiology
Diabetes
Health Maintenance
Superficial X-ray
Therapy
Deep X-ray Therapy
Disability Retirement

Note the high relative increase in the use of laboratory and other diagnostic services and also the relative increase in use of physical therapy. The actual increases in services from 1947 to 1949 may be seen in Table 4.

Both an actual and a relative decrease occurred in pre-membership examinations. Because the health and welfare program permits diagnosis, prevention and treatment of chronic disease, the physically impaired worker (except for infectious disease) is not barred from the garment industry.

encountered; the Peripheral Vascular service treats many cases of varicose veins and vascular lesions of the arteriosclerotic obliterans type; the Orthopedic Service treats many postural difficulties and foot trouble in pressers and cutters who must stand during the working day. Physical Therapy is widely employed as a measure to bring relief for the pain in numerous chronic conditions encountered.

In the Eye Service, correction of presbyopic conditions forms a large part of the work and in the Ear, Nose and Throat clinic an unusual amount of tinnitus is encountered which may possibly have a connection with the patients' long years of work in noisy surroundings. Allergic rhinitis is also commonly encountered in this service, which works closely with the Allergy Service.



GENERAL MEDICINE

Patients on their first visit to the Center receive a thorough physical examination. This is supplemented by a urinalysis, a hemoglobin determination and blood serology. A miniature chest x-ray completes the new patient's introductory visit. Patients who have not had these services during an interval of two years are also channeled for such review procedures. The internist reviews the findings, explains them to the patient, and determines the treatment, if necessary ordering further diagnostic tests or referring him for consultation to other departments or transferring him to the appropriate specialty clinic.

CHRONIC DISEASE

The great problem confronting a patient who attends health centers, clinics, and group practice medical units is the trend toward over-specialization. This trend seems to be the result of the desire of the patient to see a specialist as well as the tendency of the medical profession to make available

to each patient the services of highly trained specialists who are best informed about the rapid advances in medical science in their separate fields. It is questionable, however, whether the aged and the chronically invalided with multiple conditions really needs or should afford the time and expense of such super-service.

Since the great majority of Health Center patients are in the older age groups, the treatment of chronic disease such as diabetes, arthritis, and cardiac conditions which makes a great number of patients "working invalids" necessarily receives special attention. Good medical care, pointed to the problem of conserving the health of these patients, materially assists in enabling them to continue gainful employment since the physically impaired worker is not necessarily the handicapped worker.

DIABETES

Here 584 cases (90% over 50 years of age) were treated in 1949, an increase of 110% over 1948. Most of the cases were of some years' duration, only a small percentage being discovered on their first visit to the Center.

A close liaison is maintained with the Laboratory, the Nutrition Department and the Nursing Staff. A dietitian is in attendance to arrange special diets and to explain to the patient the importance of food intake in the treatment of his disease. A nurse instructs him in the technique of testing his urine for sugar, of administering insulin to himself, and of recognizing and counteracting the symptoms of insulin shock and acidosis.

The object of the treatment is to maintain sugar free urine and a normal blood sugar within the limitation of insulin reaction, adopting a middle of the road attitude in regard to the relationship between the total amount of food and the amount of carbohydrates.



HEART DISEASE

The cardiac service functions to assist the many workers in the arterio-sclerotic group of cardiac disease who attend the institution. Here under the care of cardiologists their working habits are regulated and a regime suitable to their disabilities is advised.

This applied rehabilitation often postpones disability and invalidism. Physical impairment, if the worker enjoys good medical supervision, is not incompatible with productivity. Although 75% of the patients in this clinic



have symptoms attributable to coronary disease, they are still able to carry on their work. In addition, quite a number of myocardial infarction cases, after a short recovery period, have returned to work and ignored their symptoms. In revisits, electrocardiographic evidence and comparisons verify the occurrence of coronary thrombosis with infarction.

This type of case is in need of the constant supervision of the Cardiac Service. Medical support and supervision of patients with arterio-sclerotic heart disease minimizes the effect of the disability to the advantage of their welfare.

Patients are referred to the cardiac clinic whenever an electrocardiograph reveals patterns of coronary disease. This procedure permits evaluation of technical diagnostic findings in the light of clinical appraisal.

ARTHRITIS

In the Arthritis Service women patients in particular often suffer from the deforming hypertrophic conditions affecting mostly the joints of the hands and fingers, those members, incidentally, that are specially useful to needle-workers. Here also may be found cases of osteo-arthritis of the spine, mostly in tailors and finishers, due to the conditions of their work, and mainly faulty posture. A great many cases of arthritis associated with obesity are seen, particularly in women.



The service meets the need for treatment in accordance with modern trends with a well-equipped physical therapy department. In selected cases, deep x-ray therapy is used. The cooperation of the nutritionist results in special attention being paid to diet, particularly in the matter of weight reduction.

CHEST SERVICE CASE FINDING

The practice of taking a miniature chest x-ray of every patient during the first visit to the institution and doing a routine miniature chest x-ray annually for all patients in attendance results in a valuable case-finding program. This routine measure has revealed much unsuspected pathology. In the first 40,000 patients filmed, 31 cases of active tuberculosis and 835 arrested cases of tuberculosis were discovered in addition to the cases discovered in the medical clinics.

The finding of a case of active tuberculosis has the effect of immediately bringing in the workers in the entire shop, in an effort to find the source case or cases. This procedure constitutes a very important feature of the education and control program of tuberculosis in this industry.

595 heart abnormalities, 34 cases of tumors of the lung, 34 cases of substernal thyroids, and 13 hernias of the diaphragm were found as well as many other chest conditions which were followed up and treated. This Service follows up cases in which significant pathology is discovered. Surgical, medical or sanatorium care is recommended and arranged as indicated. Numerous cases of early cancer of the lungs or of substernal thyroids have been operated upon and recovered sufficiently to return to work. Such patients are re-examined periodically for their capacity to continue work and placed upon the register for continued surveillance.



EARLY CASE FINDING PROLONGS LIVES

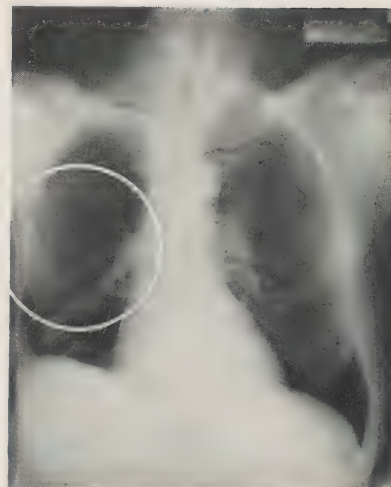


CANCER OF THE LUNG



OPERATED UPON

BACK TO WORK

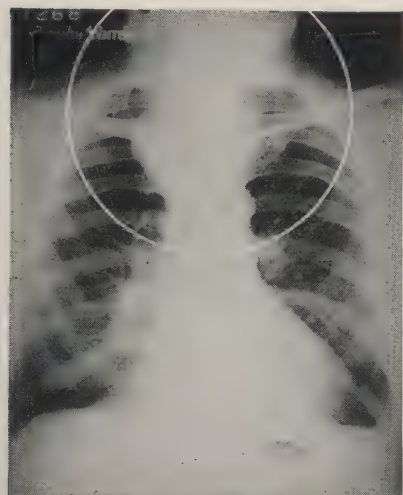
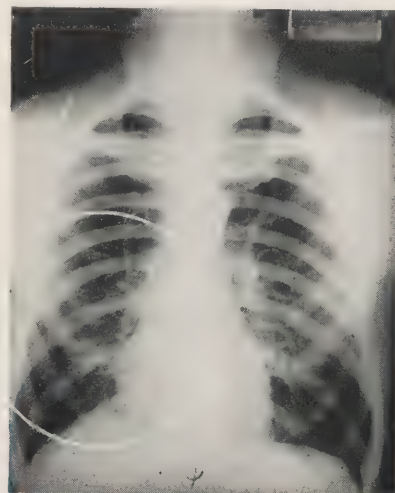


CYST OF THE LUNG



OPERATED UPON

BACK TO WORK

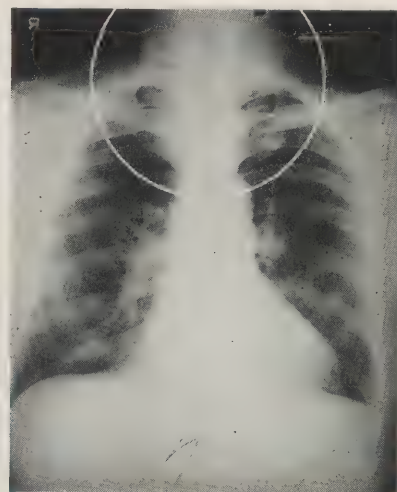


SUBSTERNAL THYROID
(frequently cancerous)



OPERATED UPON

BACK TO WORK



MENTAL HEALTH MAINTENANCE

The emotional stresses and strains of domestic and industrial problems among the garment workers complicates the medical picture of a large percentage of patients who visit the Center. They consist at the onset of a mild emotional disturbance. If untreated, such cases not infrequently progress to an eventual mental breakdown, and become lost to the community, to their families, and to themselves.

Because of the lack of both intra and extramural facilities for the early diagnosis and treatment of these cases, the Center has established a Health Maintenance Clinic to help the patient continue on the job and carry on normal activities while receiving supportive treatment. Sufficient time is devoted to each patient to enable him to get rid of some of his tension by "unburdening himself" by going over his troubles in detail with a sympathetic doctor who can understand his personal problems and who exhibits a concern for his welfare.

The Health Maintenance Clinic, reflecting a recognition and concern for the needs of this group of patients, performs a special task which still needs fuller and better development.





PHARMACY

The volume of prescriptions filled by the Pharmacy reflects the volume of patient visits to the Center. In 1949, 123,567 prescriptions were filled as a result of the 489,549 services rendered during that year. The increase in the number of prescriptions dispensed over 1947 (53.3%) is close to the increase in the number of medical services during that period.

The Pharmacy is staffed by five registered pharmacists and five clerks who now dispense as many as 600 prescriptions daily.

A Formulary prepared by the Medical Board Formulary Committee lists the medications which can be secured from the Pharmacy. The Formulary contains some 200 different items and is reviewed and revised periodically to keep it up to date with medical advances. While consideration is given to include the many new preparations that have appeared with the new discoveries and advances in medicine, conservative considerations permit only tried and tested and recognized products. A standard of cost that the patient can afford is one of the criteria.



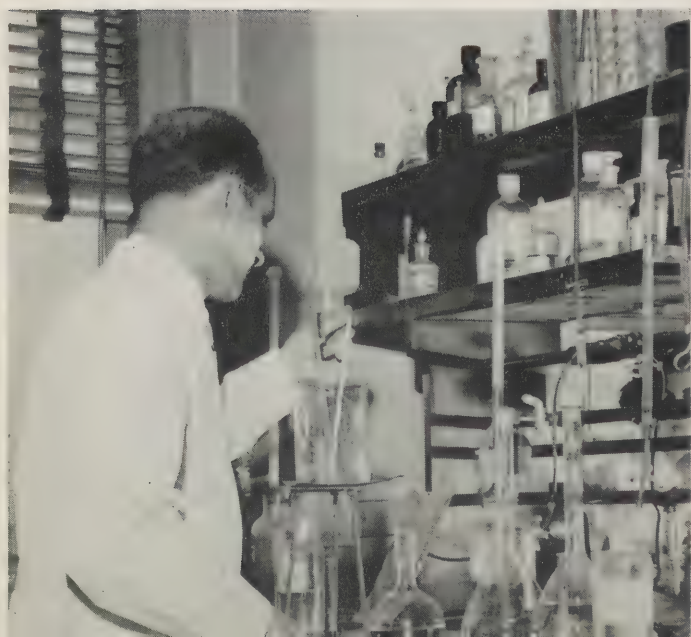
LABORATORY

In 1949 a total of 92,161 laboratory tests were performed by eight laboratory technicians. The laboratory is under medical supervision and performs only those tests which are considered helpful in serving the ambulatory patient population attending the Center.

Urinalysis, hemoglobin and serology determinations are minimum requirements for all new patients. Complete hematology, sedimentation rate, and blood chemistry studies are performed as ordered by the physicians working in the Center, as well as gastric contents and feces analysis for occult blood and parasites. Bacteriological smears are examined for tuberculosis, gonorrhea, and trichomonas vaginalis vaginitis.

A very close working arrangement between the diabetic clinic and the laboratory permits constant supervision of the condition of the diabetic patient.

Supplementary laboratory facilities installed on the 22nd and 23rd floors permit greater patient comfort and more efficient handling of the routine laboratory work.





NUTRITION

Nutrition and diet are becoming increasingly important in present day medicine, and the Nutrition Service fills a real need.

In addition to seeing patients individually and in groups in their offices, the Nutritionists are in attendance in certain clinics to give the patient diet instructions during his visit to the doctor. This plan has been successfully carried out in the Diabetic, Cardiac and Gastro-Intestinal clinics. Thus the patient acquires a better understanding of the importance of diet in the treatment and control of his condition and relieves the physician from discussion of this phase, so that he may devote himself entirely to the medical aspects of the problem.



SOCIAL SERVICE

The major portion of the work of this service consisted in the adjustment of family and personal problems, problems of mental illness coming second.

Full use is made of the welfare and health agencies in New York City. Careful scrutiny of the medical eligibility of the patient referred to institutions has made it possible to place some patients in need of convalescent care.

Chronic illness and mental illness, however, present problems which are extremely difficult of solution. Facilities for the institutional care of the

chronically ill in New York City are so limited as to be, at times, practically non-existent. The problem of the chronically ill patient who must remain at home all day until the members of the family return from work at night, or the one who lives alone in a furnished room depending on the uncertain visits of relatives and friends, is still to be solved.

Mental illness is another field in which the available facilities are also woefully inadequate. The recognition of the requirements of these cases has led to the establishment of the Health Maintenance Clinic, as an attempt to approach a solution of this problem.

The social service aid to members in distress is of invaluable assistance to union officials concerned with members' welfare.



HEALTH EDUCATION

Health education in the ILGWU began back in 1912, and in those days was something new, and hence strange, to both the average worker and employer. The necessity of maintaining healthful conditions in the shops was apparent to neither. The health education program, therefore, required more than a mere presentation of the subject matter involved.

Two deep rooted beliefs of the workers had to be dealt with. The first was the assumption that the Health Center was just another of the charity clinics, which they knew and justifiably objected to. The second was the belief that a good physician was one who charges a high fee, and that medical skill, experience, and personal relationship between doctor and patient exist only in private offices.

Lecturers from the Center gave short health talks in the shops, which were supplemented by the distribution of pamphlets and posters. All phases of health education were discussed. Health education became part of the program at union meetings, and health committees were organized in the shops of the industry. Gradually these efforts began to have their effect, and the message of good health that they brought has made a lasting impression.

Still more, however, needed to be done, chiefly in supplementing with action the spoken and written word. The Union Health Center has done this by making the opportunity for medical consultation and treatment an integral part of its health education program, which thus has the vitality that comes from close association with a medical care program.

Future plans are in the making for still better health education programs, which will forge ahead in the tradition and spirit of the ILGWU, whose health and welfare programs, are in reality, health education in action.

TEMPORARY AND PARTIAL DISABILITY INSURANCE

The Union Health Center medical certification work for the disability insurance program, which has been in effect for the members of the ILGWU since 1913, showed an increase in examinations of 19.4% from 1947 to 1949. The ratio remained constant between the amount of certification work performed at the Center and the number of examinations done at the claimants' homes or in the hospitals to which they were confined. About 42%, or 20,558 of the 48,488 examinations done in 1949, were performed at the Center.

The New York State Disability Benefits Law, effective July 1, 1950 when benefit payments begin, undoubtedly will have an effect upon the union-sponsored disability benefits program that the Center administers. Flexibility will be required in adjusting the present program to the requirements of the new forms of reports and new methods of certification work.

PERMANENT AND TOTAL DISABILITY INSURANCE

In 1949 the Union Health Center first undertook the medical administration of a retirement program on the basis of total and permanent disability for 40,000 workers in the Cloak section of the ladies garment industry.

A voluntary retirement program at the age of 65 had been in effect for these members since 1946. About 5% of the group (2,000 workers) retired voluntarily during the three years the program has functioned. In 1949 this program was extended to cover 60 year old members who were totally and permanently disabled. So far 100 members have made application for retirement on this basis.

This program is of inestimable value to workers who cannot accumulate sufficient funds to take care of themselves should they become totally and permanently disabled.



ACCOUNTING AND STATISTICS

The complex operation of providing the members of 32 different local unions with medical service requires painstaking financial accounting and careful record-keeping. The monthly statements of member utilization and expenditures is only possible through streamlining procedures by the use of IBM machines and addressograph plates in handling records for as many as 2,000 individuals a day. The wealth of information essential for operation must be separated from the data accumulated for accounting purposes.

Statistics are a vital necessity. Not only do they give information concerning peak loads and hours, which is necessary in the planning of proper room utilization, but from the figures concerning attendance, new patients, non-kept appointments, and month to month variations, predictions can be made in regard to the future demand for the various services and the number of doctor hours that will be required. This enables the administration to make adequate preparations in advance so that the services will be neither over or undermanned.

CONCERNING FINANCES

In 1949 the Union Health Center expended \$1,106,876 in rendering over 489,000 services to its patients. The average member of this union is entitled to \$30 worth of medical credit from his local union which provides this money from its health and welfare funds. These credits account for 77% of the income and 23% is paid in cash by the patients themselves, either for medical services rendered in excess of the \$30 credit or for drugs. The income derived at the scheduled fee rate does not cover the expenditures of operation. The difference is provided by the union from the health and welfare funds. This subsidized method of financing enables the garment worker to receive medical care at the Center at a cost he can afford.

Since the Center is a subsidized service organization, the more services it renders the higher its running expenses become and the greater the subsidy needed to provide the medical care.



APPENDIX

COMPARISON OF SERVICES 1947 - 1949

MEDICAL OR RELATED SERVICES	NUMBER OF SERVICES			Percentage Distribution of Services 1949
	1949	1948	1947	
Total.....	489,549	410,346	316,885	100.0
General Medicine.....	89,691	74,116	59,445	18.3
Medical Specialties.....	122,714	104,974	83,350	25.1
Diagnostic.....	144,444	103,715	75,493	29.5
Ancillary Therapeutic Services..	50,063	50,897	34,446	10.2
Sickness Insurance**.....	48,488	47,306	41,595	9.9
Medical Interviews.....	27,458	23,968	18,652	5.6
Other Services.....	6,691	5,370	3,904	1.4

** All examinations for Sick Benefit claimants are included.

It can readily be seen from the tables that year by year a more and more thorough and complete service has been made available to Center patients through the installation of divers additional specialty clinics, through the increase in the use of the various ancillary therapeutic services, and through a greater number of diagnostic examinations having been made routine.

Routine chest x-rays reveal a great deal of unsuspected pathology in the patients attending the Center. While the present plan is to do a routine x-ray for all new patients and for every patient at least once a year, indications point to the advantage of doing such x-rays even more frequently to make possible the earlier recognition of potentially dangerous conditions.

Medical interviews by full time physicians have made it certain that no patient need leave the clinic without obtaining a thorough understanding of his problem, and having the opportunity of discussing it with a sympathetic, unhurried physician, well oriented in the services of the institution and the community.

**TOTAL NUMBER OF PATIENTS AND SERVICES
PER PATIENT BY LOCAL UNIONS
1946 - 1949**

LOCAL	NUMBER OF MEMBERS 1/1/49	TOTAL PATIENTS		SERVICES PER PATIENT	
		1949	1946	1949	1946
9.....	5,928	3,319	679	9.7	4.8
10.....	7,971	3,275	1,384	7.2	4.6
20.....	2,379	432	165	9.2	4.4
22.....	28,430	13,438	12,044	9.3	5.9
23.....	5,613	1,103	709	9.5	5.7
25.....	5,764	728	551	10.0	6.2
30.....	360	4	11	10.3	5.8
32.....	5,094	781	753	8.8	5.7
35.....	3,404	1,581	997	8.5	6.4
38.....	1,728	384	132	8.0	4.6
40.....	3,130	440	500	8.9	3.8
48.....	15,502	1,948	158	9.2	4.9
60.....	2,783	1,387	1,557	8.9	5.2
62.....	17,325	1,970	1,066	9.1	6.1
64.....	235	79	50	10.0	5.1
66.....	8,626	1,852	1,209	9.1	5.8
82.....	1,270	324	57	10.5	4.5
89.....	31,354	4,809	3,260	8.7	5.7
91.....	11,633	1,428	1,321	10.2	6.1
98.....	1,909	157	20	6.9	4.4
99.....	3,615	757	318	6.5	3.0
102.....	994	136	96	6.0	4.2
105.....	4,775	572	419	10.5	5.3
117.....	9,527	5,730	2,167	9.4	4.6
124.....	323	146	—	6.5	—
132.....	2,653	39	58	8.5	3.5
142.....	6,805	280	202	8.3	5.2
155.....	6,050	885	749	8.6	4.8
177.....	165	77	10	2.3	7.0
Total.....	195,345	48,061	30,642	8.9	5.6
Others.....		657	643	9.4	5.1

NOTE: Applicants and Sick Benefit Certifications are excluded from this table. Services to relatives are included with the locals to which the member belongs.

During this period of the development of health and welfare programs, a large number of members received for the first time the benefits of prepaid medical service.

1946 was used for comparison instead of 1947 because of availability of selected material.

SERVICES TO MEMBERS BY LOCAL UNIONS 1949 and 1946 COMPARISON

LOCAL	MEDICAL AND RELATED SERVICES		PERCENT CHANGE 1946-1949	SERVICES PER 1,000 MEMBERS*		PERCENT CHANGE 1946-1949
	1949	1946		1949	1946	
Total....	412,419	163,508	+ 152	2,111	973	+ 117
9.....	30,976	3,079	+ 906	5,224	669	+ 681
10.....	21,158	5,481	+ 286	2,654	721	+ 268
20.....	3,831	712	+ 438	1,610	333	+ 383
22.....	118,977	69,026	+ 72	4,185	2,689	+ 56
23.....	10,278	3,931	+ 161	1,831	846	+ 116
25.....	7,137	3,316	+ 115	1,238	562	+ 120
30.....	38	52	- 27	106	173	- 39
32.....	6,731	4,234	+ 59	1,321	1,051	+ 26
35.....	12,419	6,129	+ 103	3,648	1,964	+ 86
38.....	2,846	598	+ 376	1,647	438	+ 276
40.....	3,786	1,885	+ 101	1,210	760	+ 59
48.....	17,621	754	+ 2,237	1,137	69	+ 1,547
60.....	11,067	7,693	+ 44	3,977	2,781	+ 43
62.....	17,533	6,413	+ 173	1,012	452	+ 124
64.....	772	216	+ 257	3,285	831	+ 295
66.....	15,970	6,794	+ 135	1,851	1,135	+ 63
82.....	3,244	244	+ 1,230	2,554	358	+ 613
89.....	41,151	18,161	+ 127	1,312	597	+ 120
91.....	14,190	7,836	+ 81	1,220	804	+ 52
98.....	1,061	84	+ 1,163	556	132	+ 321
99.....	4,868	949	+ 413	1,347	378	+ 256
102.....	730	398	+ 83	734	421	+ 74
105.....	5,884	2,188	+ 169	1,232	588	+ 110
117.....	49,147	8,649	+ 468	5,159	920	+ 461
124.....	931	8	+ **	2,882	21	+ **
132.....	524	200	+ 162	198	74	+ 168
142.....	2,285	1,017	+ 125	336	206	+ 63
155.....	7,152	3,396	+ 111	1,182	581	+ 103
177.....	112	65	+ 72	679	478	+ 42

NOTE: Table excludes Applicants, Sick Benefit Certifications, Services to Relatives and Non-members of N. Y. C. ILGWU locals.

* Based on ILGWU Membership Census as of January 1st of each year.

** Over 10,000 per cent increase.

During this period of the development of health and welfare programs, a large number of members received for the first time the benefits of prepaid medical service. 1946 was used for comparison instead of 1947 because of availability of selected material.

MEDICAL SERVICES RENDERED 1947 - 1949

MEDICAL AND RELATED SERVICES	SERVICES RENDERED			Percentage Distribution Services 1949	Percent Change 1947-1949
	1949	1948	1947		
Total Services	489,549	410,346	316,885	100.0%	+ 54.4%
General Medicine	89,691	74,116	59,445	18.3	+ 50.9
Medical Specialties	122,807	105,113	83,452	25.1	+ 47.2
Allergy.....	16,287	13,080	12,252	3.4	+ 32.9
Hay Fever.....	15,835	15,613	13,526	3.3	+ 17.1
Arthritis.....	6,957	5,826	4,832	1.4	+ 44.0
Cardiology.....	920	667	.....	0.2	.....
Chest.....	2,443	1,784	1,561	0.5	+ 56.5
Dermatology.....	6,571	4,379	3,024	1.3	+117.3
Diabetes.....	1,941	1,044	.....	0.4	.....
Ear, Nose and Throat.....	11,750	10,110	8,247	2.4	+ 42.5
Eye.....	25,172	21,560	18,185	5.2	+ 38.4
Gastro Intestinal.....	634	246	206	0.1	+207.8
Health Maintenance (a).....	28	.....	.....	.....	.....
Neurology.....	1,396	1,336	816	0.3	+ 71.1
Orthopedics.....	4,774	3,469	2,829	1.0	+ 68.8
Polyp.....	1,136	757	615	0.2	+ 84.7
Peripheral Vascular.....	3,050	2,272	1,981	0.6	+ 54.0
Proctology.....	3,563	3,129	2,251	0.7	+ 58.3
Social Hygiene.....	5,383	7,398	5,231	1.1	+ 2.9
Urology.....	4,158	3,872	3,670	0.8	+ 13.3
Gyn. Consultation.....	1,187	962	284	0.2	+318.0
Physio Consultation.....	7,616	6,225	2,657	1.6	+186.6
Surgical Consultation.....	2,006	1,384	1,285	0.4	+ 56.1
Diagnostic	146,256	105,023	76,897	29.9	+ 90.2
Audiometer.....	263	227	151	0.1	+ 74.2
Basal Metabolism.....	1,652	1,492	1,471	0.3	+ 12.3
Electrocardiography.....	7,422	6,617	4,384	1.5	+ 69.3
Laboratory.....	92,161	69,005	51,593	18.8	+ 78.6
Miniature Chest X-ray.....	26,769	12,770	7,374	5.5	+263.0
X-ray.....	17,989	14,912	11,924	3.7	+ 50.9
Ancillary Therapeutic Services	50,063	50,897	34,446	10.2	+ 45.3
Physical Therapy.....	36,262	30,108	24,298	7.4	+ 49.2
Injection Therapy*.....	13,318	20,789	10,148	2.7	+ 31.2
Superficial X-ray Therapy (b).....	230	.....	.....	0.1	.....
Deep X-ray Therapy (c).....	253	.....	.....
Sickness Insurance (d)	47,324	46,246	40,418	9.7	+ 17.1
Office Certifications.....	19,394	18,409	18,497	4.0	+ 4.8
District Certifications.....	27,930	27,837	21,921	5.7	+ 27.4
Other Services	33,408	28,951	22,227	6.8	+ 50.3
Medical Interviews.....	27,458	23,968	18,652	5.5	+ 47.2
Applicants (e) (Premembership).....	970	1,011	1,176	0.2	- 17.5
Biopsies.....	400	245	.....	0.1	.....
Disability Retirement (f).....	56	.....	.....	.....	.....
Emergencies.....	346	222	135	0.1	+156.3
Minor Surgery.....	332	266	247	0.1	+ 34.4
Nutrition.....	2,218	2,024	1,137	0.5	+ 95.1
Social Service.....	1,628	1,215	880	0.3	+ 85.0
PRESCRIPTIONS	123,567	103,769	80,616	.....	+ 53.3

(a) Began in December, 1949. (b) Began in August, 1949. (c) Began in September, 1949.

(d) In addition diagnostic and specialty services were performed for Sick Benefit claimants: 1,164 in 1949; 1,060 in 1948; 1,177 in 1947. In previous years Sick Benefit office certifications were included in general medicine.

(e) Additional applicants received miniature chest X-rays: 741 in 1949; 387 in 1948; 329 in 1947.

(f) Started in November, 1949. An additional 210 diagnostic and specialty examinations (counted among the various services) were performed for these 56 individuals who received physical examination in this service.

*In 1948 an evaluation of injection therapy was conducted and a decrease in the number of services occurred because many oral preparations, found equally effective, were substituted for drugs previously given by injection. This change resulted in a saving of patients' time and in increased patient-comfort.

ATTENDANCE
AGE AND SEX DISTRIBUTION
1949 and 1943
PERCENTAGE OF AGE GROUPS BY SEX

AGE GROUPS	BOTH SEXES		MALES		FEMALES	
	1949	1943	1949	1943	1949	1943
Under 20.	0.7	3.8	0.7	3.7	0.7	4.0
20-29.	5.7	9.2	4.2	2.5	6.7	14.5
30-39.	12.2	17.3	8.0	9.9	15.3	23.3
40-49.	26.7	33.5	15.5	28.9	34.7	37.6
50-59.	34.9	27.6	37.3	40.1	33.4	17.4
60 and Over. .	19.8	8.6	34.3	14.9	9.2	3.2
Total.	100.0	100.0	100.0	100.0	100.0	100.0

CUMULATIVE PERCENTAGE OF AGE GROUPS BY SEX
Indicating Greater Utilization of Center by Aged

AGE GROUPS	BOTH SEXES		MALES		FEMALES	
	1949	1943	1949	1943	1949	1943
Over 59.	19.8	8.6	34.3	14.9	9.2	3.2
Over 49.	54.7	36.2	71.6	55.0	42.6	20.6
Over 39.	81.4	69.7	87.1	83.9	77.3	58.2
Over 29.	93.6	87.0	95.1	93.8	92.6	81.5
Over 19.	99.3	96.2	99.3	96.3	99.3	96.0
Over 16.	100.0	100.0	100.0	100.0	100.0	100.0


1949—Percentages derived from a study of 30,269 individuals treated at the Union Health Center during a six-month period. 1943—Percentages derived from a study of 36,585 records.

These studies reveal a trend toward greater usage of the Union Health Center by the older workers in the ladies garment industry. The fact that 81% of the patients of the Center during 1949 were more than 40 years of age demonstrates the need for adopting early case-finding procedures and following closely all advances in gerontology. Individuals in older age groups develop more serious pathology than younger persons. This study gives ample proof of the need for the Center's services in taking care of aging workers with physical impairments due to chronic disease.

SICK BENEFIT CLAIMS AND CERTIFICATIONS
1947 - 1949

Local	TOTAL CLAIMS			TOTAL CERTIFICATIONS		
	1949	1948	1947	1949	1948	1947
Total. . . .	21,044	22,008	19,742	48,488	47,306	41,595
9.	911	966	909	1,999	1,956	1,866
10.	580	577	446	1,018	999	782
20.	163	172	177	237	213	257
22.	4,045	4,671	4,252	9,775	10,564	9,169
23.	570	559	510	1,403	1,222	1,134
25.	628	729	630	1,340	1,391	1,177
32.	460	469	481	999	927	943
35.	431	476	521	901	910	1,034
38.	143	184	139	227	268	204
40.	356	361	327	594	529	572
48.	1,539	1,435	1,119	3,110	2,585	2,178
60.	380	476	481	854	1,014	957
62.	1,819	1,956	1,654	4,469	4,174	3,453
64.	11	17	24	11	36	27
66.	1,206	1,208	1,035	2,341	2,220	1,929
82.	123	122	104	251	235	197
89.	3,452	3,583	3,334	10,628	10,197	8,605
91.	838	908	814	2,149	2,175	1,965
98.	121	89	65	216	169	112
99.	354	298	164	469	365	214
102.	69	51	61	78	73	105
105.	440	366	320	885	741	617
117.	1,430	1,326	1,297	2,761	2,605	2,506
124.	35	38	36	44	44	56
132.	179	163	170	297	295	345
142.	292	298	192	628	539	333
155.	469	510	480	804	860	858

COMPARATIVE SERVICES
1939 - 1949
(Regrouped for Comparative Purposes)

1949				1939		
Type of Service	Total Services Rendered	% of Total		Type of Service	Total Services Rendered	% of Total
Total Services	454,994 (a)	100.0		Total Services	98,246	100.0
General Medicine	89,691	19.7		General Medicine	22,811	23.2
Medical Specialties ...	83,415	18.3		Medical Specialties ...	21,477	21.9
Arthritis.....	6,957	1.5		Arthritis.....	1,964	2.0
Cardiology.....	920	0.2		Inaugurated 1948.....		
Chest.....	2,443	0.5		Inaugurated 1946.....		
Dermatology.....	6,571	1.4		Dermatology.....	1,659	1.7
Diabetes.....	1,941	0.4		Inaugurated 1948.....		
Ear, Nose and Throat	11,750	2.6		Ear, Nose and Throat	4,740	4.8
Eye.....	25,172	5.6		Eye.....	7,092	7.3
Gastro-Intestinal....	634	0.1		Gastro-Intestinal....	836	0.9
Health Maintenance..	28			Inaugurated 1949.....		
Neurology.....	1,396	0.3		Neurology.....	242	0.2
Orthopedics.....	4,774	1.0		Orthopedics.....	1,016	1.0
Polyp.....	1,136	0.3		Inaugurated 1941.....		
Peripheral Vascular..	3,050	0.7		Inaugurated 1941.....		
Proctology.....	3,563	0.8		Proctology.....	427	0.4
Social Hygiene.....	5,383	1.2		Inaugurated 1942.....		
Urology.....	4,158	0.9		Urology.....	3,313	3.4
Gyn. Consultant.....	1,187	0.3		Inaugurated 1947.....		
Surgical Consultant..	2,006	0.4		Inaugurated 1943.....		
Other.....	346	0.1		Other.....	188	0.2
Ancillary Therapeutic Services	57,679	12.7		Ancillary Therapeutic Services	6,732	6.9
Physical Therapy.....	36,262	8.0		Physical Therapy.....	4,917	5.0
Physio Consultant....	7,616	1.7		Inaugurated 1944.....		
Injectons.....	13,318	2.9		Injectons.....	1,815	1.9
Superficial X-ray Therapy.....	230	0.1		Inaugurated 1949.....		
Deep X-ray Therapy	253			Inaugurated 1949.....		
Diagnostic	110,960	24.3		Diagnostic	6,705	6.8
Audiometer.....	263			Inaugurated 1942.....		
Basal Metabolism....	1,652	0.4		Basal Metabolism....	518	0.5
Electrocardiography..	7,422	1.6		Electrocardiography..	572	0.6
Laboratory.....	57,606 (a)	12.6		Laboratory.....	3,522	3.6
Miniature Chest X-ray	26,028 (b)	5.7		Inaugurated 1947.....		
X-ray.....	17,989	4.0		X-ray.....	2,093	2.1
Other Services	32,092	7.1		Other Services		
Medical Interviews...	27,458	6.0		Inaugurated 1945.....		
Biopsies.....	400	0.1		Inaugurated 1948.....		
Disability Retirement	56			Inaugurated 1949.....		
Minor Surgery.....	332	0.1		Inaugurated 1947.....		
Nutrition.....	2,218	0.5		Inaugurated 1947.....		
Social Service.....	1,628	0.4		Inaugurated 1947.....		
Allergy and Hay Fever	32,122	7.1		Allergy and Hay Fever	12,156	12.4
Allergy.....	16,287	3.6		Allergy.....	2,035	2.1
Hay Fever.....	15,835	3.5		Hay Fever.....	10,121	10.3
Premembership examinations	1,711 (b)	0.4		Premembership examinations	16,933	17.2
Sickness Insurance ...	47,324	10.4		Sickness Insurance ...	11,432	11.6
Office (c).....	19,394	4.3		Office (c).....	4,735	4.8
District.....	27,930	6.1		District.....	6,697	6.8

(a) Routine urinalysis excluded.

(b) 741 applicants who had Miniature Chest X-rays are included in the applicant figure and deducted from the Miniature Chest X-ray figure.

(c) Services rendered sickness insurance claimants in diagnostic and specialty departments are included in the figure for the department in which the service was performed.

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